



The Delta Kappa Gamma Society International
Epsilon State Organization
SCHOLARSHIP APPLICATION
Deadline: January 15

Please print or type all information.

Attach a recent photo
to your emailed
application.

A member who applies for a scholarship must submit the current application that can be obtained in the Forms section of the Epsilon State web site at <http://epsilonstatedkg.org>. The completed application and letters of recommendation must be emailed no later than January 15. These are sent to the Chairman of the State Scholarship Committee: marymcgehe@aol.com

Be sure to read the Scholarship Application Guidelines found in the Forms section of the web site. Follow these guidelines as you prepare your application.

1. List your most recent experiences first. Be sure to give dates when requested.
2. If you do not have experience in a category, write NONE in the space provided.
3. Please use the complete title or name of organizations. Do not use acronyms.
4. Be specific. Don't assume the committee is familiar with every grant, organization, or educational program in your district.
5. Plan to attend the Epsilon State Convention in March.

Part I. Personal Data

Name _____
Address _____ City _____ State _____ / _____ Zip _____
Home Phone _____ Work Phone _____ Birthday _____
Marital Status Married Divorced Single Widowed Email _____
Number of Children _____ Ages _____

Part II. Educational Background

Name of Institution	Dates of Attendance	Degree/Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Field(s) of Specialization _____

Part III. Delta Kappa Gamma Involvement

Present Chapter _____ District _____
Initiation date _____ Chapter of Initiation _____
Has your membership been continuous? _____ If no, please explain. _____

List offices held – specify if level is chapter, state, regional, or international

Office	Level	Date

Committee Chairmanships held (specify if level is chapter, state, regional, or international)

Committee	Level	Date

Have you previously been awarded a Delta Kappa Gamma scholarship? _____ If yes, give name(s) of scholarship(s) and date(s) received.

State _____

International _____

Part IV. Professional Experience and Involvement

Total number of years in educational profession _____ In Louisiana _____

Experience List, in chronological order, positions held. Include teaching, supervisory, administrative, and other professional positions.

Institution/Employer	Title of Position	Dates

Professional Organizations List professional organizations of which you are a member and offices held.

Organization(s)	Offices Held	Service(s) you provided

Services to Education List educational activities within your school and/or community (such as committee work, writing projects, advisory council, etc.) in which you have been involved.

Special Honors List any special honors you have received.

Part V. Plan of Study

I am applying for a scholarship to be used at the following university during the dates indicated.

University

Date: Summer/Fall/Spring

Full/Part-time

Field of study _____ Degree/Certification pursued _____

Does the school offer a graduate degree in this field? _____

Do you plan to be on leave? _____

Have you applied for or received other scholarships or financial aid? _____

Describe your plan of study. Include how it will improve you professionally or help you complete some phase of your education and how it will enhance your potential contribution to Delta Kappa Gamma.